SCC eFile	2012 ANNUAL REP COMMONWEALTH OF V STATE CORPORATION CO		212534340 N				
1.) CORPORATION NAME:			DUE DATE: 10/31/2012				
Rockingham Memorial Hospital			552 DATE: 10/31/2012				
2.) VA REGISTERED AGENT NAMI JAMES D KRAUSS		ND OFFICE ADDRESS:		SCC ID NO: 00054841			
ROCKINGHAM MEMORIAL HOSPITAL			5.) STOCK INFORMATION				
2010 HEALTH CAMPUS DR.			CLASS	AUTHORIZED			
HARRISONBURG, VA 22801							
3.) CITY OR COUNTY OF VA REGI ROCKINGHAM COUNTY	STERED OFFICE:						
4.) STATE OR COUNTRY OF INCC VA	DRPORATION:						
6.) PRINCIPAL OFFICE ADDRESS:							
ADDRESS: 2010 HE	EALTH CAMPUS DR						
CITY/ST/ZIP: HARR	ISONBURG, VA 22801						
7.) DIRECTORS AND PRINCIPAL C	DFFICERS: All directors an may be designated	d principa ated as bo	l officers must be oth a director and	e listed. An individual l an officer.			
		X OFFIC	CER	X DIRECTOR			
NAME:	ANN E. C. HOMAN						
TITLE: ADDRESS:	PRESIDENT ROCKINGHAM MEMORIAL HOS	DITAI					
CITY/ST/ZIP/CO:	2010 HEALTH CAMPUS DR. HARRISONBURG, VA 22801	IIIAL					
		X OFFIC	CER	X DIRECTOR			
NAME:	HOWARD P KERN						
TITLE:	PRESIDENT						
ADDRESS:	SENTARA HEALTHCARE						
CITY/ST/ZIP/CO:	6015 POPLAR HALL DRIVE, SUI NORFOLK, VA 23502	TE 300					
		X OFFIC	CER	DIRECTOR			
NAME:	JAMES D KRAUSS						
TITLE:	PRESIDENT						
ADDRESS:	2010 HEALTH CAMPUS DRIVE						
CITY/ST/ZIP/CO:	HARRISONBURG, VA 22801						
		χ OFFI	CER	DIRECTOR			
NAME:	MICHAEL J BURRIS						
TITLE:	TREASURER						
ADDRESS: CITY/ST/ZIP/CO:	2010 HEALTH CAMPUS DRIVE HARRISONBURG, VA 22801						
		OFFI	CER	χ DIRECTOR			
NAME:	MENSEL D DEAN JR						
TITLE:	DIRECTOR						
ADDRESS:	ROCKINGHAM MEMORIAL HOS	PITAL					
CITY/ST/ZIP/CO:	2010 HEALTH CAMPUS DR. HARRISONBURG, VA 22801						

		Х	OFFICER	Х	DIRECTOR		
NAME:	JAMES R MESSNER		_				
TITLE:	SECRETARY						
ADDRESS:	ROCKINGHAM MEMORIAL HOS	SPITAL	L				
	2010 HEALTH CAMPUS DR.						
CITY/ST/ZIP/CO:	HARRISONBURG, VA 22801						
			Joeffeer		TRIRECTOR		
NAME.			OFFICER	Х	DIRECTOR		
NAME:	A JERRY BENSON, PHD						
TITLE:	DIRECTOR						
ADDRESS:	ROCKINGHAM MEMORIAL HOS	SPITAL	_				
0171/107/710/00	2010 HEALTH CAMPUS DR.						
CITY/ST/ZIP/CO:	HARRISONBURG, VA 22801						
			OFFICER	Х	DIRECTOR		
NAME:	DAVID L BERND		_		_		
TITLE:	DIRECTOR						
ADDRESS:	SENTARA HEALTHCARE						
	6015 POPLAR HALL DR., SUITE	300					
CITY/ST/ZIP/CO:	NORFOLK, VA 23502						
			OFFICER	Х	DIRECTOR		
NAME:	JOSEPH K FUNKHOUSER]				
TITLE:							
ADDRESS:	DIRECTOR ROCKINGHAM MEMORIAL HOS	ואדוםי					
ADDRESS.		PELLAI	<u> </u>				
CITY/ST/ZIP/CO:	2010 HEALTH CAMPUS DR.						
CIT 1/31/211 /CO.	HARRISONBURG, VA 22801						
			OFFICER	Х	DIRECTOR		
NAME:	ALDEN L HOSTETTER, M.D.		_		_		
TITLE:	DIRECTOR						
ADDRESS:	ROCKINGHAM MEMORIAL HOS	SPITAL	L				
	2010 HEALTH CAMPUS DR.						
CITY/ST/ZIP/CO:	HARRISONBURG, VA 22801						
			OFFICER	Х	DIRECTOR		
NAME:	ELMER E KENNEL, M.D.		_		_		
TITLE:	DIRECTOR						
ADDRESS:	ROCKINGHAM MEMORIAL HOS	PITAI					
ABBREGO.	2010 HEALTH CAMPUS DR.	, , , , , , ,	=				
CITY/ST/ZIP/CO:	HARRISONBURG, VA 22801						
			7055050		Tainearan		
NAME:			OFFICER	Х	DIRECTOR		
NAME:	KENNETH M KRAKAUR						
TITLE:	DIRECTOR						
ADDRESS:	SENTARA HEALTHCARE						
CITY/ST/ZIP/CO:	6015 POPLAR HALL DR., SUITE	300					
CIT 1/31/21F/CO.	NORFOLK, VA 23502						
			OFFICER	Х	DIRECTOR		
NAME:	ALLON H LEFEVER		_		_		
TITLE:	DIRECTOR						
ADDRESS:	ROCKINGHAM MEMORIAL HOS	PITAL	L				
	2010 HEALTH CAMPUS DR.						
CITY/ST/ZIP/CO:	HARRISONBURG, VA 22801						
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND							
COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.							
/s/ JAMES D KRAUSS	JAMES D KRAUSS, PRESI	DEN	Γ	9/6/20	012		
SIGNATURE OF DIRECTOR/OFFICER PRINTED NAME AND CORPORATE DATE							
LISTED IN THIS REPORT TITLE							
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material							
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respect with the intent that the document be delivered to the Commission for filing.